

## Nebraská's Capital City

September 30, 2003

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of KKR Enterprises Inc., d.b.a. Lancaster's, 3800 Old Cheney Road requesting a class C liquor license.

Karla Russell, President of KKR Enterprises has purchased this business from her parents, William and Margaret Kramer. Ms. Russell requests that she be approved as the owner/manager of this liquor license.

Background information on the applicant is as follows:

Karla Russell was born in Lincoln, Nebraska. She attended Southeast High School graduating in 1983. Ms. Russell has been employed at Lancaster's since 1988.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

/hexhand





Hours of Operation: 2pm - 1pm BRR 11pm - 1pm off sole

Any Additional Comments:

Business (DBA) LANSAGTOB S
Managor Other
Name: KARIA Russell
US Citizen? Yes No
Has applicant ever been cited for liquor law violations? No  Explain Sole TO MINIOPE  Explain
Does applicant have an interest in another liquor license ? No Yes  Explain
Is spouse qualified to hold a license? Yes No N/A
How is applicant if not an owner to be paid? Salary Hourly
How many hours will applicant be at the establishment?
Any other employment ? No Yes, explain
Any previous experience with a liquor license? (Yes) No
Any criminal convictions ? (No Yes Comments
Is applicant a property owner in Lincoln? Yes No
Is applicant involved in any civil litigation? No Yes  Comments
(4) Photo (7) Records Check (7) References
Comments
Interview Date $\frac{9/30/03}{}$

Liquor License Investigation

## ATE OF NEBRASKA



Mike Johanns Governor

City Clerk County/City Bldg 555 S 10th Lincoln NE 68508

Dear Local Governing Body:

106 947 Nebraska Liquor Control Commission September 16, 2003

Executive Director 301 Centennial Mall South, 5th Floor P.O. Box 95046

Lincoln, Nebraska 68509-5046 Phone (402) 471-2571 (402) 471-2814 USER 800 833-7352 (TTY)

KKR Enterprises, Inc. 2 PER STATE AND STATE OF THE STATE

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

## TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission 1) (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission,

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- There is a recommendation of denial from the local governing body. 1)
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- Upon payment of the license fees; 1)
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

12 1 Natson

Licensing Division

Enclosures Rhonda R. Flower Commissioner

**Bob Logsdon** Chairman

R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

FORM 35-4001 REV. 12/99

## APPLICATION FOR LICENSE

Nebraska Liquor Control Commission PO Box 95046, 301 Centennial Mall South Lincoln, NE 68509-5046 http://www.nol.org/home/NLCC/

C61111

Phone: (402) 471-2571 Fax: (402) 471-2814 RECEIVED

SEP 05 2003

NEBRASKALIQUOF CONTRO! COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and

City Clark

processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest, 6. All applications must be typewritten or printed clearly. 7. Submit in **Triplicate** 

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

CLASS OF LICENSE FOR WHICH AT LICENTON IS MADE AND LIST OF FRES FOR EACH					
Class of License		Registration Fee	License	Corporate	
(Check applicable class)			Fees	Surety Bond	
A Beer, On Sale Only – Inside Corporate Limits	\$45.00 Collected at Local Level exempt				
	The state of the s			exempt	
☐ B Beer, Off Sale Only - Indicate Inside or Outside C	\$45.00	Collected at Local Level	exempt		
J Wine, Beer, On Sale Only – Inside Corporate Lim	\$45.00	Collected at Local Level	exempt		
Spirits, Wine, Beer, On Sale Only - Inside Corpor	\$45.00	Collected at Local Level	exempt		
D Spirits, Wine, Beer, Off Sale Only – Inside Corporate Limits \$45.00 \$150.00 exe					
☐ D1 Spirits, Wine, Beer, Off Sale only – within					
extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt		
V. C. Spirits, Wine, Beer On & Off Sale - Inside Corpor	\$45.00	Collected at Local Level	exempt		
M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt		
☐ H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt		
☐ K Wine Only, Off Sale		\$45.00	Collected at Local Level	exempt	
O Boat	\$45.00	\$ 50.00	exempt		
☐ V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.		
☐ X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.		
□ W Wholesale Beer				\$ 5,000 min.	
T Y Farm Winery		\$45.00	\$250.00	\$ 1,000 min.	
L Craft Brewery (Brew Pub)		\$45.00	\$250.00	\$ 1,000 min.	
TYPE OF APPLICATION	CORPOR	ATE SURET	Y BOND INFORMATIO	N	
3= Corporate License requires Form 3 and 4 and Manager Application be attached.	t Date Month/Day		Bond Number		
SECTION A - LOCATION INFORMATION - Must be completed by all applicants					
Trade Name (name of business)  Telephone Number at premise to be licented.			ber at premise to be license	d	
LANCASTER'S 421,247+					
1) Street Address of Proposed licensed premise  3 46 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Is this located inside the city limits  Circle (YES) NO	ed inside the city limits				
City County Zip Code	City		County Zi	ip Code	
LINCOLO LANCASTER 108510	, LIDCO	ر بین	しないしならだん	6451N	
				FORM 35-4010 Page 1	

	Yes	Ϊċ	និស្សនសៅលោសមាលាក្រព័ន្ធ
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).	7		C08672
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		7	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		X	
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		,	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	7	8	AMUSÉMENT SERVICES 350 NO 24TH 64503 1544FEBOARO, 1800- TABLE, 1-00RT BOARO,
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		*	CAHE.
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		×	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		X	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	J.	ユーイン	TEATE BANK OLD CHEDEY RO LA K BUSSEL
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	ري. الا غ	RAME 2600	M B, A MARGARET E.  R RAMEROLISES EDU  OLO CHENEY  U, NE 64516 C. DS612
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.		< Q C	LA K. RUSSELL 50 HOLOS
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	RESE	20050 BOXER	ATE OF COMPLETION  BLE HOSPITALITY  LEDT TLAIDIEU  LETTLING BROTEDDIDO  MANIENTEDDIDO
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).			
15. When do you intend to open for business?		@د۲	FORM 35-4010

## **Application for Corporate Manager**

## \*Must Be A Nebraska Resident\*

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814



SEP 05 2003

	LIQUOR	LICENSE INFOR	MATIC			NESS	SECONDACTOR CO
NAME OF LICENSED CORPORATION				CLAS	S & LICEN	SAVINORAL	IBPARANCEIO:
KKA ENTERPRIS	55	INC			1		
TRADE NAME OF LICENSED PREMISE					<u> </u>		
LADCASTER'S							
STREET ADDRESS OF LICENSED PREMISE 3500 OLD CHENEY RD.	СПҮ		COUN	TY			ZIP CODE
SUKE 105 - 1010	LIN	رے دی	اسا	4000	45TE(	2	しのろいし
On behalf of the corporation, I designate this individual as corporate manager.							
Signature of Corporate President/CEO: Applicate							
APPLICANI	INFOR	MATION (MUS	TBE	21 OR	OVER)		4.4
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX E M	SOCIAL SECUR	ITY NUI	MBER	DATE OF	BIRTH	PLACE OF BIRTH
RUSSELL, KARLA KRISTIDE	IV.					:	LNOCOLD
HOME STREET ADDRESS		CITY	СС	DUNTY		STATE	ZIP CODE
4617 TIPPERALY TR		L12000		ر ہے۔	CASTER	ا ع	68512
HOME TELEPHONE NUMBER (402) 423 - 1934	BUSINESS TELEPHONE NUMBER (407) 421 - 2414  DRIVERS LICENSE NUMBER & S						
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)							
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		SOCIAL SE	CURITY	Y NUMB	ER I	DRIVERS L	ICENSE NUMBER
S. JOLE & STATE							
DATE OF BIRTH: PLACE OF BIRTH							
1. <b>READ CAREFULLY.</b> Answer completely and accurately. Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.  Yes  No							

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

 $\square_{\text{YES}}$ 

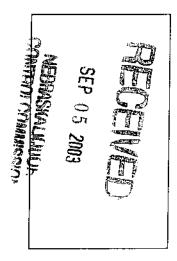
**₽**NO

# Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

## INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% 3) Information regarding spouses must be completed of the stock, b) chief executive officer, c) proposed manager and d) all spouses



one Number	Home Telephone Number	Zip Code	State CE	١	City  City
Social Security Number	Date of Birth	Fitle で	<u> </u>	100chares	Home Address (1)
		HIEF EXECUTIVE	ME OF THE C	IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE O	
ر د	RUSSELL	Name of Proposed Manager	Name of		Name of Registered Agent
08510		00	STER	しみむられらればれ	いいひのっとひ
Zip Code	;	State		County	City
Corporate Telephone Number	たなのら インタ Tailings	Mailing address for receipt of Liquor Control Commission Mailings サルンス ていやにやるなく	Mailing addr Liquor Contr よらくし しいむもの		Corporate Street Address (1) 3400 OLD CHEVEY RO SWITE 105-100
<b>O</b>	7000			400	KKR ENTERRISES
Total Number of Shares (if corporation)	Total Number of Sha	1	oration	y of Articles of Incorp	Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation
:			0		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

# Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

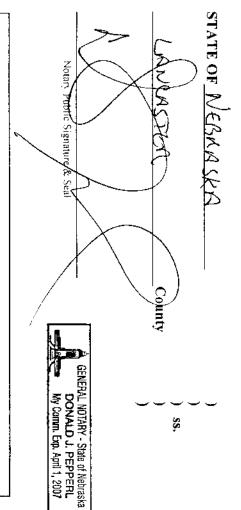
	S
	<u>th:</u>
	Corporation/LLC
•	Is this Corporation/LLC controlled by another Corporation?
-	r Corporation?
^	O YES ANO

Name of Control Corporation

as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation

Please indicate below your corporate tax year with the IRS

Starting Date: うなり、いて Ending Date: Oとっ らいらし



A ten day advance period is requested in writing to produce the alternate format In Compliance with ADA, this form is available in other formats for persons with disabilities.

> PRESIDENT/MEMBER COMPANY COMMINSONS SEP 05 2003

SECRETARYMEMBER

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